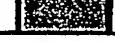


MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	10/531804	FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	1			1		
4	1			1		
5	1			1		
6	4			1		
7	4			1		
8	4			1		
9				1		
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TOTAL IND. 2  7  
 TOTAL DEP. 36  27  
 TOTAL CLAIMS 38  29  

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.   
 TOTAL DEP.   
 TOTAL CLAIMS   